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**FACSIMILE COVER SHEET**

DATE: November 29, 2005  
TO: Examiner CUFF, Michael A. FAX NO.: 571-273-8300  
USPTO GPAU 3627  
FROM: John R. Schell *JRS*  
Reg. No. 50,776  
RE: REVOCATION OF POWER OF ATTORNEY  
AND CHANGE OF CORRESPONDENCE ADDRESS

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U.S. APP NO.: 09/497,773

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FILING DATE: 02/03/2000

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APPLICANT(S): Jerry E. Pierce

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ATTY DKT NO.: 1007-0001

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TITLE: METHOD AND SYSTEM FOR OPTIMIZING MARKET  
ACCESSIBILITY VIA AN ELECTRONIC NETWORK

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NO. OF PAGES (INCL. COVER SHEET): 4

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**MESSAGE:**

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ Copy of Power of Attorney and Change of Correspondence  
Address filed 11/18/2003 (2 pgs.)

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PTO/SB/21 (09-04)

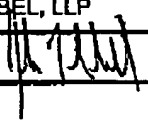
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/497,773	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>
	Filing Date	02/03/2000	
	First Named Inventor	Jerry E. Pierce	<b>NOV 29 2005</b>
	Art Unit	3627	
	Examiner Name	CUFF, Michael A.	
Total Number of Pages in This Submission	3	Attorney Docket Number	1007-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	John R. Schell		
Date	11.29.05	Reg. No.	50,776

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PTO/SB/81 (09-09)

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	09/497,773
Filing Date	02/03/2000
First Named Inventor	Jerry E. Pierce
Title	Method and System for Granting Market Accessibility via an Electronic Network
Art Unit	3677
Examiner Name	Michael A. Cuff
Attorney Docket Number	1007-0001

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34456

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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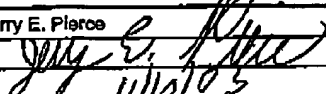
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jerry E. Pierce
Signature	
Date	11/29/05
Telephone	407-679-9007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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Application Number	09/497,773
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First Named Inventor	Jerry E. Pierce
Title	Method and System for Optimizing Market Accessibility via an Electronic Network
Art Unit	3677
Examiner Name	Michael A. Cuff
Attorney Docket Number	1007-0001

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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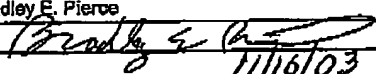
Country

Telephone

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Bradley E. Pierce
Signature	
Date	11/16/03
Telephone	407-678-9001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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